CHILD PLACEMENT AGENCY REPORT

Provider Organization: Lutheran Social Services of the National Capital Area

Licensing Agency: DHR

Contracting Agency(s): CFSA

Name of Chief Administrator: Kichelle Coleman

Email: colemank@lssnca.org

License Type: Child Placement Agency

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Social Services</td>
<td>unlimited</td>
<td>0</td>
<td>CFSA 45</td>
<td># 00200/15/2015</td>
<td>3/25 &amp; 3/26/2015</td>
</tr>
<tr>
<td>2503 Belair Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowie, MD 20715</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 9  Staff 1  Foster Parent 11  Adoptive Parent N/A

Number of Interviews: Youth 0  Staff 5  Foster Parent 0

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A

Number of Foster Homes Inspected: 0

COMAR Violation: Yes X  No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X  No

If yes, date of CAP:

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Lisa Beeman

Date: 3/27/2015

Email: lisa.beeman@maryland.gov

Program Manager: Richard Berger

Date: 3/27/2015

Email: richard.berger@maryland.gov